

PORTION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>W</i>	<i>32</i>	<i>11/18</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>71471</i>	<i>2/6</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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